

THE BRITISH JOURNAL OF NURSING

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THE NURSING RECORD

NO. 1,507. VOL. 58. [Registered at the General Post Office as a Newspaper.]

FEBRUARY 17TH, 1917

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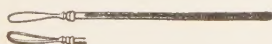
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by

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The dated Coupon for February 17th, published on this page, must be cut out by the Competitor, and enclosed with the article she sends, with her full name and address inserted. The number of words of article to be written on left hand top corner of first page. This answer should be posted not later than **February 17th**, to the Editor, 20, Upper Wimpole St., London, W., marked on the envelope **"Prize Competition."** **The Name of the Winner of the Prize and the Prize Article will appear on February 24th, 1917.**

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February 17th, 1917

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Forms of application will be forwarded on receipt of stamped addressed foolscap envelope.

Selected candidates will have notice when to attend, and reasonable expenses and third-class railway fares will be paid.

E. CECIL HARRIS,
Clerk.

76, High Street, Sittingbourne,
5th February, 1917. 95

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THEATRESISTER REQUIRED. Must be thoroughly experienced and up to date. Answer, with stamps for reply, to Miss FLETCHER, Matron, Q.A.I.M.N.S.R. 88

LITERARY CONTRIBUTIONS

Contributions to the Editor should
be addressed to her at

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Phone—513 Mayfair.

HOSPITAL AND POOR LAW VACANCIES
ETC.—continued.

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J. W. COULSON.

Poor-Law Offices,
South Shields.
5th February, 1917. 91

CORBETT HOSPITAL, STOUR-
BRIDGE.

STAFF NURSE WANTED. Salary £35 and material for Uniform.
Also PROBATIONER. £10, £12, £16.
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7th February, 1917. 97

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February 8th, 1917. 94

HOSPITAL AND POOR LAW VACANCIES
ETC.—continued.URBAN DISTRICT OF SPEN-
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JOHN H. LINFIELD,
Clerk to the Council.

Town Hall,
Cleckheaton,
5th February, 1917. 98

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EUSTACE JOY,
Clerk to the Staffordshire County Council.
6th February, 1917. 99

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SISTER WANTED. Scarlet Wards. Salary, £40; with Uniform. Apply, with references, to **MATRON**, Borough Fever Sanatorium, Cambridge. 102

NIGHT SISTER REQUIRED, permanent, for Sanatorium (tuberculosis). Salary £45. Apply, with testimonials, **Matron**, Grosvenor Sanatorium, Kennington, Ashford. 103

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THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

No. 1507.

SATURDAY, FEBRUARY 17, 1917.

Vol. LVIII.

EDITORIAL.

A PROFESSIONAL VOICE ON THE COUNCIL OF THE Q.V.J.I.

The announcement made in the *Queen's Nurses Magazine* that two members of the Council of the Institute are to be elected, one by the Superintendents of Training Homes in England, Wales, and Ireland, and the other by the County Superintendents will be received with great satisfaction, not only by Queen's Nurses, but also by all who know the splendid work of these nurses, and realize how much expert knowledge and advice they can bring to bear upon the problems with which the Council of the Institute has to deal.

There is no body of nurses in the Kingdom whose work—remedial, preventive and social—is of greater value to the body politic. Through the length and breadth of the country healing, comfort, and knowledge, follow in their train, so that the whole standard of the national health has been raised through their agency. To give their Superintendents a voice on the Governing Body of the Institute is therefore not only a well-merited recognition of good work, but also an act of wisdom.

Any nurse on the Roll of Queen's Nurses, whether now working as such or not, who is not in the direct employment of the Institute, is eligible for election. The election this year is to be carried out by postal ballot.

It will be remembered that the Queen's Jubilee Institute for Nurses was founded in 1887, by her late Majesty, Queen Victoria, with the Women's Jubilee Offering of £70,000, its object being to train and supply nurses, for the sick poor in their own homes, to affiliated associations throughout the Kingdom. The income of the Institute is thus spent on the central organization,

and on expenses of training and inspection. The Affiliated Homes are financed and managed locally, but, in order to be eligible for affiliation, the standards must conform to those defined by the Institute and their work must be inspected from Head Quarters.

This explains the limitation of the qualifications for the representatives on the Council. Quite rightly those in the direct employment of the Institute—i.e., nursing officials on the administrative staff, and inspectors who are directly paid by it, are not eligible for election as they could not be free agents, but Superintendents and Nurses working under the Committees of the Affiliated Branches and all who are on the Roll of Queen's Nurses, whether now working as such or not, are eligible as representatives.

To those who are not intimately acquainted with the organization of the Queen's Nurses the last point may need some elucidation. Once on the Roll, the name of a nurse remains on, even if she ceases to work under the Institute. She returns her Badge under these circumstances, unless by special permission she is allowed to retain it, but remains on the Roll, except in the rare cases when a name is removed "for cause."

There are, therefore, a number of ladies eligible for election by the Queen's Superintendents, who have leisure, and professional knowledge to devote to the work of the Council of the Institute which must be of the utmost value.

We congratulate the Queen's Nurses, therefore, that professional opinion will, in future, be voiced on their Governing Body by direct election, and we hope that, later, the electorate will be still further extended to include every Queen's nurse in active practice. No body of nurses in the Kingdom has deserved this privilege more.

OUR PRIZE COMPETITION.

DESCRIBE BED-MAKING, AND HOW TO LIFT AND MOVE PATIENTS.

We have pleasure in awarding the prize this week to Miss Janie Vance McNeillie, Knockcoid, Ervie, Stranraer.

PRIZE PAPER.

If not allowed to move the patient for bed-making, see that the clothing under him is dry, clean, and free from wrinkles, and that pads and cushions are arranged to relieve pressure. Change or turn the thin soft blanket next him, if a cradle is used to keep off the weight of the upper clothing. If he *may* get up, guard against chill by wrapping him in a warm blanket, and helping or, if necessary, lifting him out of bed. The mattress, lying on a clean dustmat which has been securely fixed on the carbolized bedstead, can be turned; and if it must be protected by a mackintosh, put an old thickened blanket between; then the sheet—spread smoothly and evenly, and tightly tucked in all round—will keep all in position even should the mattress be divided in sections, or wedge pillows used. A half mackintosh and draw-sheet to extend from the shoulders to halfway down the thighs, with an air or water pillow between (if necessary), should be put straight across and tucked in firmly at both sides of the mattress, the long end of the draw-sheet rolled or folded neatly to be smooth and fresh when drawn under the patient. Adjust pillows. After this two-minutes' work the patient can be lifted back into bed, and the upper clothing—the sheet (left longer at the top to turn down some distance over), the blankets, and the quilt, counterpane, or eiderdown—put on. They should come well up to the throat, and if he is restless the sheet and blanket must be well tucked in at the bottom. In a hospital ward you want the beds to look as nearly alike as possible—the counterpanes at equal distance from the floor on both sides, &c. For cases of long confinement in the recumbent posture you may have an air or water bed—to more evenly distribute the weight of the latter you must have a thick board (perforated for ventilation) under the mattress. Put a blanket under the water-bed to prevent it adhering to the mattress. With bed blocked, fill three-quarters full with water at a temperature of 90° F. Fix stopper, remove blocks, and cover with a blanket before putting on the sheet, &c.

When the patient must be put directly between blankets, as in acute rheumatism, a blanket is spread smoothly and tightly over the undersheet, and another nice old soft one over him before the upper sheet, blankets, and quilt.

In injuries to the head a jaconet or mackintosh cover under the pillowslip, or a mackintosh and draw-sheet if a pillow is not allowed, may be called for; and similar protection when there is discharge from the lower limbs.

When the patient's condition permits of his being turned over on his side the changing of the undersheets is easily performed single-handed. Have the fresh ones rolled—the large or under one lengthwise—the draw-sheet folded the required width and folded or rolled from one end; free the soiled ones down one side of the mattress, and roll them up to the patient; tuck in the clean ones straight and firm, and push their rolls against the others. Turn the patient on his other side, remove the soiled sheets, smooth and fix the clean ones in position. When the horizontal position is imperative, have assistance to lift the patient sufficiently to get the soiled ones away; and the clean rolls can be reached by pressing down the mattress and worked through. The "top to bottom" method of changing the sheets by working similarly from above downwards to the feet is preferable in many surgical cases.

While one nurse can lift a child or a very light patient by putting her arms under the shoulder and pelvic girdles, the patient putting his arms round the neck, two nurses are needed for lifting and moving a helpless heavy patient. Standing at the same side of the bed, one lifts the head and shoulders, the other the pelvis and legs. Or he may be lifted on a strong sheet, one nurse standing at the head, the other at the feet. He may be kept perfectly horizontal while being lifted and moved if two poles are rolled tightly into the sheet to within a few inches of him, thus converting it into an impromptu stretcher.

If the patient is able to sit up, the two nurses may make a seat by catching each other's wrist, and support his back by crossing the other arms, the patient assisting by putting his arms over the nurses' shoulders.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. Kate Ellis, Miss G. L. Sheppard, Miss C. G. Cheatley, Miss P. Robinson, Miss M. Taylor.

QUESTION FOR NEXT WEEK.

Describe how to give a nasal douche, the articles used, and danger to avoid.

NURSING AND THE WAR.

On Saturday last the King bestowed the Royal Red Cross on the following ladies at Buckingham Palace. After the ceremony Queen Alexandra received them at Marlborough House, an honour the Matrons and Sisters greatly appreciated.

THE ROYAL RED CROSS.

FIRST CLASS.

Matron Mabel Tunley, Queen Alexandra's Imperial Military Nursing Service; Matron Violet Nesbitt, Canadian Army Nursing Service; and

Service with an experienced trained nurse Director at its head—Miss Jane A. Delano, R.N. There is a National Committee on Red Cross Nursing Service, of which the Nurse Director is Chair; and only graduate nurses are eligible as "Red Cross Nurses" in the States. All volunteers attached to units are termed "nurse helpers," and work entirely under the direction of the trained nurses. Some 7,000 graduate nurses are now enrolled ready for emergency service in war, beyond the highly organized Army Nurse Corps in connection with the War Office. Social influence, through which untrained women are placed in positions of authority over trained nurses—like our V.A.D. Commandants—is not permitted in the U.S.A.



NEW HEADQUARTERS OF THE AMERICAN RED CROSS, WASHINGTON.
A Memorial to the Heroic Women of the Civil War.

Matron Frederica Wilson, Canadian Army Nursing Service.

SECOND CLASS.

Sister Kate Read, Queen Alexandra's Imperial Military Nursing Service Reserve; Sister Florence Hunter, Canadian Army Nursing Service, and Sister Florence Godfrey, Civil Hospitals.

Before the war, whilst for years the Matrons' Council was pleading with the British Red Cross Society to organize its nursing department on professional lines, without the least success, the American National Red Cross Society was putting its house in order. It organized on a right professional basis, with a Bureau of Nursing

Republic, as the skilled care of the sick and wounded soldier is the paramount consideration of the State, as it should be in every country where true patriotism exists. The personal vanity and love of power of socially influential women, and the snobbery of those who kow-tow to them, has run riot in Europe during the war, and no doubt we "professionals" must wait until peace comes before attempting reform. Anyway, America has once more proved that efficient professional organization can alone be obtained by professional control, and we feel sure that "Tommie" will give us a helping hand in the reorganizing of emergency military nursing, when he returns to civil life.

NIGHT DUTY IN THE RECEIVING WARD.

"SOMEWHERE IN BELGIUM."

A corrugated iron building, wooden lined, English made, sent out in sections and set up by the sandy roadside somewhat separated from the rest of the hospital. Thirty little iron bedsteads, spread with mackintoshes and blankets, four occupied by sleeping orderlies while two British Sisters sit and wait and watch in the tiny room adjoining the ward. An ambulance snorts up to the door in the dark and the chauffeur puts his head in and calls "*blessés*," and we all start to life, fervently hoping that what he has brought are not French. Not that we do not love our brave Gallic Allies, but the only men in the *bleu horizon* uniform who come to us are those so *gravement blessés* that the authorities dare not take them further—thoracic or abdominal wounds mostly, or very bad hæmorrhage cases, and immediate amputations; those French wounded who are at all "transportable" being taken to a French hospital further behind the lines, and for us the words "*blessés Français*" usually herald stretchers bearing pallid, panting figures, blood-soaked uniforms to be cut off, the men prepared for immediate operation in the emergency theatre, or no operation possible, but in any case a grim fight with death all the night through, hourly hypodermic injections, application of artificial heat, all that can be done, and then too often in the grey dawn another gallant life gasping itself away, and another white-sheeted corpse to be carried to the morgue. One such, described on his *fiche d'entrée* as a brancardier or stretcher-bearer, but by profession a priest, will long remain in the mind's eye of the Sister who closed his eyes and crossed his hands, as a vision of "rest after toil, port after stormy seas," looking so like the figure of the dead Christ in many a mediæval Italian picture. The love of Frenchmen for their mothers is proverbial and many of them beg to have letters written with messages of farewell. There was one who requested that his father might be informed that he died the death of a hero, and was positively annoyed when told "*nous ne sommes pas encore à ce point là*." This man, who belonged to the regiment familiarly known as the "*Joyeurs*," to which most of the *mauvais sujets* are sent, is still alive and giving a great deal of trouble in another ward. Another asked that a brother might be told of his condition, "*et surtout dites lui la vérité*." Two days after his death his brother, a gendarme, came to return thanks for the letter. Besides the real Frenchmen we have also sometimes their colonial confrères, Dîry Said, Sidi Abbas, Mahommed Djilah, and others, pathetic, brown, childlike creatures, who suffer and die with a patient resignation that puts many of us to shame.

The majority of our patients, of course, are Belgians, sturdy Flemish peasants whose pre-war trade is usually entered as "*Cultivateur*," some-

times Wallons from the towns and industrial districts. They have charmingly romantic Christian names—Cyrille, Ovide, Ulysse, Achille, René, and suchlike occur much more frequently than the prosaic Jean or Henri. The orderlies, of course, have names of the same type, and one, whose slowness is sometimes exasperating, answers reluctantly to the appropriate soubriquet of Désiré! The wounds are terrible, and the taking off of the emergency bandages sometimes put on by comrades on the field, is enough to try the strongest nerves—a poor shattered and mutilated arm or leg is then revealed, and the doctor on guard, who has been hastily summoned, decides that it cannot be dressed in the ward, and orders the removal of the man to the emergency theatre, whence he returns half an hour later to his bed, minus the limb, and has to be watched all night for hæmorrhage. Worse still are the head and face wounds (*crânes sautés*), terribly common on the sectors where bomb throwing prevails. If many patients come all at once and have, as is often the case, multiple wounds, and there are limbs to be set, bullets to be extracted, gashes to be sewn up, the two Sisters have their hands full for an hour or two, waiting on the surgeons with the big dressing trolley with its rows of bottles and serums, drums of sterilised dressings, and other things. Both those patients who have and those who have not had anæsthetics, demand constant attention, and cries resound of "*à boire, à boire!*" perhaps from a laparotomy case, who must not, on peril of his life, be given water, or from a case of trepanning, who cannot swallow water if given to him. One patient who for a previous wound has been nursed in England, and fancies himself a linguist, cries, "Mees, Mees, come to me, take me up. I lie so low I cannot respire."

Either before or after their first dressing all these poor fellows must be washed all over. They often have not had a bath for months, and their nails resemble those of Nebuchadnezzar, while those who have been wounded in the neighbourhood of the canals are frequently covered with green slime mixed with the mud and blood. Sometimes the first-comers in an evening will warn us that a hot attack is in progress in their sector and we therefore know to expect further *entrants* all that night, with barely time between each batch to get through the dressing and cleaning, sometimes they come in singly, casualties from isolated bombs or shells, or else from accidents in their own lines, one of the saddest ways to lose a life or limb. And so the night wears on and daylight comes. Those who may or care to eat are served with coffee and bread and butter, everything is made as spick and span as possible, ready for the visit of the day doctor who will decide to which ward or pavilion each patient is to be sent; and then, taking leave with regret of those they have tended for so many hours, and may in press of work never see again, two very weary Sisters give place in their turn to the day staff, and go away to sleep a little if possible in the noise of a busy day's work going on around them.

FRENCH FLAG NURSING CORPS.

A Sister from France writes: "Our hospital is full of patients with every degree of frozen feet. On my division, where we nurse the worst cases, we have many completely gangrenous, and many have lost part of their feet, and some both feet. All the very worst cases are Arabs. Owing to the generosity of a London lady, Miss Haynes, I was able to give my 100 patients each a pretty Christmas present. These poor Arabs simply crave for tobacco when they are in pain. They moan for it, and a cigarette comforts them like giving a child a sweet."

Cigarettes can be sent to the Croix Rouge Francaise, 9, Knightsbridge, London, S.W., and will be forwarded on to patients in French military hospitals. Please, of your charity, send a few to Sister Wadsworth, F.F.N.C. Hospital Thouveot Toul, M. et. M., France.

JOINT WAR COMMITTEE.

The following Sisters have been deputed to duty in Home Hospitals:—

V.A.D. Hosp., Churchfields, W. Bromwich.—Miss E. K. Good.

Hampton Court Aux. Mil. Hosp., Hampton Court.—Miss C. L. Birch, Miss A. Spendelow.

Brooklands, Weybridge.—Mrs. C. Mayne.

Harewood House, Leeds.—Miss H. T. Waller-Senior.

Michie Hosp., 184, Queen's Gate.—Miss H. L. Hurlston.

V.A.D. Hosp., Ackmouth, Pontefract.—Mrs. A. Malcolm.

V.A.D. Hosp., Chudleigh, Devon.—Miss R. Lietti.

V.A.D. Hosp., Pinner Place, Pinner.—Miss S. Hudson.

The Sir John Ellerman Hosp., Regent's Park.—Miss C. Arathoon.

V.A.D. Hosp., 23, Banbury Road, Oxford.—Miss L. A. Flemming.

Swiss House, Fitzroy Square.—Miss E. L. Lowe.

Hosp. for Officers, 83, Portland Place.—Miss M. Greenbury.

V.A.D. Hosp., Yacht Club, Gravesend.—Miss F. Wallis.

Moorfield Mil. Hosp., Glossop.—Miss S. M. Hill.

R. X. Hosp., Taunton.—Mrs. W. Robson.

Wicklow Lodge Hosp., Melton Mowbray.—Miss F. B. Fish.

V.A.D. Hosp., College, Wellington.—Miss W. A. Wheeler.

ABROAD.

The following Sisters have been deputed to duty abroad:—

Boulogne Headquarters.—Miss W. S. Martin, Miss T. A. Osler, Miss E. Gale, Miss E. O'Callaghan.

Dunkirk Headquarters.—Miss M. Wright.

La Pann.—Miss E. G. Broad.

THE CENTRAL COMMITTEE FOR STATE REGISTRATION OF NURSES.

The Nurses' Registration Bill drafted by the Central Committee has been influentially backed and is ready for introduction into the House of Commons by Dr. Chapple, but the Chancellor of the Exchequer moved, on Thursday last week, that, until the House otherwise determined, no public Bills other than Government Bills should be introduced. Mr. Bonar Law said it was obviously a question the House itself must decide. He personally did not take the view that the restrictions which were necessary at the beginning of the war were no longer necessary. He thought, on the contrary, that this country had now come to the very crisis of its fate, and the House of Commons, like every individual, should feel that for the moment the one thing to think about was the war. He was sure that was the view of the country outside.

Loyal State Registrationists have held these views from the first day of the war, and it has only been the action of the promoters of the College of Nursing, Ltd., which has compelled the Central Committee to prepare for eventualities.

AN OPEN TERM OF GRACE.

We are glad to note that the expert work of the Central Committee for the State Registration of Nurses has been of some use to the Parliamentary Committee of the Association of Poor Law Unions in its difficult task of considering the registration of existing Poor Law Nurses in relation to the College of Nursing. At a recent meeting they recommended that their Council should adopt the Clause incorporated in the Central Committee's Bill that, "For a three years' term of grace after the passing of the Act, nurses in practice who hold a certificate of training, or produce evidence of training satisfactory to the Council, shall be entitled to be registered without further examination." It is the only just course, and Parliament has a strong objection to enforcing retrospective legislation—and thereby perhaps injuring existing rights. Whenever a Nurses' Registration Act becomes law, many persons earning a living by nursing, whose training does not attain the highest level, must be placed on the Register—and if only the training schools had not held up this reform for a quarter of a century, we should have arrived at a very high standard of efficiency years ago. All this chopping and changing of registration qualifications before legislation is enforced is so much waste of time. We must have an open term of grace—and the sooner the better.

THE SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee of the above Society will be held at 431, Oxford Street, W., on Saturday, February 17th, at 4 p.m. Members are earnestly requested to attend, as important matters will be under consideration.

NURSES WHO HELPED TO WIN THE ROYAL CHARTER.

THE SIGNATORIES.

Since the great battle before the Privy Council for the Royal Charter in 1892, between the Royal



MARGARET BREAUX.

British Nurses' Association and the more reactionary of the Nurse Training Schools, led by St. Thomas' and the London, Guy's, and King's, thousands of Nurses have passed through their training, who know nothing of this historic contest, or of the past history of their profession. Many nurses are apparently quite content to accept all that has been won for them, without knowing or caring who worked and suffered for their benefit. To possess a knowledge of the history of one's profession should be the duty of everyone who hopes to adorn it, and this useful lesson is now carefully taught in the leading American Nursing Schools, and the pupils in our own schools would greatly benefit by such instruction. I was immensely impressed quite recently when chatting with an American Superintendent to find that she knew the whole history of nursing evolution in this country.

"We have the *Nursing Record* and *BRITISH JOURNAL OF NURSING* on file in New York," she said. "Miss Lavinia Dock put me on to it, and we are encouraged to study the wonderful story for professional emancipation on this side. It's real fine reading. Take the women who won the Royal Charter,



HENRIETTA C. POOLE.

how many of you have lived through it?"

"Oh! quite a number," I replied; "and those of us who are left are just as keen for self-governing State Registration as we were 25 years ago."

"Now, isn't that real splendid!" she exclaimed.

Then we recalled the leading personalities of those women who had helped to found the

British Nurses' Association, and who won the Royal Charter.

Of the great work for nursing reform and organisation of the late Miss Isla Stewart, this

American Nurse expressed profound admiration, as President of the Matrons' Council, as founder of the first Nurses' League, she called her a "dissentient Nightingale," who had the rare courage in opposition to her Alma Mater to stand alone in support of the grant of the Royal Charter, and for State Registration.

"That was so and she was made to suffer for it," I said. "Two days before her death she said to me very sadly, 'No Nightingale probationer has ever held a more honourable professional status and record than I have done (she was Matron of St. Bartholomew's Hospital for 23 years), but I have never been forgiven for signing the Royal Charter, and for working for State Registration.'"

"From all over the country the most touching and exquisite tributes of love and admiration were sent as this truly great woman lay confined at St. Bartholomew's Hospital, before being laid to rest in her dear native land, but not one word, or one flower was sent from St. Thomas' Hospital, and now, incredible as it may seem, these very people are prepared to annexe the Royal Charter, the granting of which they so bitterly opposed, to give prestige to the College of Nursing Company, and to give effect to the very reforms, including that of State Registration, for which she worked for half a life time."

"Is that so? How greatly her generous heart would rejoice did she know it. And," continued this delightful American, "Let us hope that the St. Thomas' people will not fail to recognise by some worthy memorial in the Nightingale School, the 'honourable professional record' of the greatest of its pupils."

"The other women, who, in recognition of their valuable work for the Royal British Nurses' Association, were invited to be Signatories of the Royal

Charter were Miss G. M. Thorold, Matron for upwards of 30 years of Middlesex Hospital; Miss Cassandra Beachcroft, trained at the London, and for many years the valued matron



MAUD G. SMITH.



ETHEL GORDON FENWICK.
Founder
British Nurses' Association.



LOUISA HOGG.

of the Lincoln County Hospital; Miss Margaret Breay, trained at Bart's, Acting Matron at the Metropolitan and Zanzibar Hospitals; for twenty years sub-editor of THE BRITISH JOURNAL OF NURSING, and foremost in every good work in season and out of season, for the elevation and



MARY N. CURETON.

consolidation of the professions of Nursing and Midwifery—of both arts she is one of the most fearless pioneers and brilliant exponents; Miss Mary N. Cureton, a greatly loved Matron of Addenbrooke's Hospital, Cambridge; Miss Christina Forrest, Lady Superintendent of the York County Hospital, to this day in the forefront of nursing progress; Miss Louisa Hogg, Head Sister, Royal Naval Hospital, Haslar; Miss R. F. Lumsden, Hon. Lady Superintendent, Royal Infirmary, Aberdeen; Miss Henrietta C. Poole, Nursing Superintendent, Adelaide Hospital, Dublin; Miss Gertrude A. Rogers, the organiser of the Nursing School at Leicester Royal Infirmary; Miss Georgina Scott, the Superintendent, Sussex County Hospital, Brighton; Miss Maud G. Smith, Lady Superintendent, Royal Infirmary, Bristol; Miss Catherine J. Wood, Lady Superintendent, Children's Hospital, Great Ormond Street.

"Of these pioneers, death has robbed the profession of Isla Stewart, Rachel Lumsden, Henrietta Poole, and Maud G. Smith, and others have retired from active participation in nursing politics, but their names and honourable labours their profession should be held in appreciative remembrance by the younger generation, who owe them a debt of gratitude for their power of progressive thought, their sense of professional responsibility, their unselfish devotion to duty, and their courage in fighting prejudice and privilege."



GODIVA M. THOROLD.

"Indeed yes," my American friend chimed in; "the record of the struggle for Nursing reform in Britain gave an enormous impetus to our registration movement in the States. After the elimination of nursing influence in the Royal British Nurses' Association

—a very cruel wrong—we used to call it, 'The Fingerpost to the road to avoid,' we doubt on our side if you will ever get any degree of professional self-government until you have woman's suffrage."

"Then we shan't be long," I said hopefully.

E. G. F.

A RETROSPECT.

Looking back across the twenty-three years which have passed since British Nurses gained their Royal Charter, we are able to appreciate the progress which has been made in nursing organisation. Which ever way we turned then we saw nurses isolated and unorganised. In Cape Colony, through the efforts of Sister Henrietta of Kimberley, who was in touch with the British Nurses' Association at home,

registration had been enforced under the Medical and Pharmacy Act of the Cape of Good Hope, but of nurses' organisations there were none. It will seem almost incredible to those who have, of recent years, visited the United States of America, and attended Congresses organised by the great National Associations of Superintendents and Nurses, that it was not until three years later that the Nurses' Associated Alumnae of the United States and Canada was formed, and still later that Canada had her own Association.

In 1901, owing to the work of Mrs. Grace Neill, an Act for the Registration of Nurses was passed in New Zealand, the first dealing exclusively with the Registration of Nurses to be placed on any Statute Book.

It may seem to some that organisation among nurses is slow, but when we think of the conditions prevailing in 1893, and then call to mind the many national associations of nurses which now exist, we can but realise the far-reaching effect of the seed sown in London in 1887, when a few Matrons met at 20, Upper Wimpole Street, to discuss the foundation of a British Nurses' Association. We need only mention the meetings of the International Council of Nurses, composed of delegates of National Councils to prove the advance of organization.



CASSANDR. BEACHCROFT.



CATHERINE J. WOOD.



GERTRUDE A. ROGERS.

THE PROPOSED ROYAL BRITISH COLLEGE OF NURSING.

MUSINGS AND MORALS.

At the meeting held in London on January 18th last, at which it was agreed to apply to the Privy Council for a Supplemental Charter, to amalgamate the R.B.N.A. and the College of Nursing, Limited, the proceedings were, of course, perfunctory—only the resolution to amalgamate being open to discussion—the Clauses of the proposed Supplemental Charter and new Bye-laws were not presumably before the meeting for discussion, as they were never referred to, and not one nurse member present asked a question of any sort whatever!

It may be as well, therefore, to make a few remarks concerning the powers and purposes of the proposed Royal British College of Nursing.

EXTENSION OF PURPOSES AND POWERS.

Clause (a) makes it possible to organize any branch of women's work connected with Hospitals, other than trained nursing—and provides for the inclusion presumably of ward-maids, house-keepers, cooks, domestic workers, laundry workers, V.A.D. workers, sanitary inspectors, nursery nurses, welfare workers and masseuses, &c. The majority of these workers already have their own special teaching centres, examinations, and certificates—so that why a Royal College of Nursing should be empowered to teach and control them is not at once apparent.

Clause (b) provides for "a uniform curriculum and standard of qualification," but as (c) provides for the "institution of examinations and the grant of Diplomas and Certificates of Proficiency in Nursing, or any branch of Nursing, the second clause apparently contradicts the first.

(e) Takes power "to promote legislation for the State recognition of and protection of the official Register."

We do not wish for "State recognition" of the College Register. We demand State Registration and the protection of the title "Registered Nurse" by Parliament setting up a Statutory Authority to manage the Nursing Profession—analogous to the General Medical Council in its relation to the medical profession—that is, we want an Independent Governing Body set up by Act of Parliament, on which the registered nurses have adequate and *direct* representation—and which shall not be controlled by the Nursing Schools acting through their officials and the laity. The Nursing Profession, once trained and registered, must have economic independence—this is the principle at issue in the Bills drafted by the Central Committee and the College—it is vital and imperative, and trained nurses will be wise to fight for it and against any form of legislation which does not concede it.

THE CONSTITUTION.

The Constitution of the Royal College is to be autocratic—(1) a Royal President with power of

"command"; (2) a Council of 45 nominated persons, composed of the laity, medical practitioners and nurses, qualified and partially qualified. This nominated body will hold office for two years and will make all the Rules and Regulations the Nurse members have to obey. "The Council may delegate any of their powers to a committee or committees of members, with or without any other persons not members of the Council."

Thus a Scottish Board has been set up to control Scottish Nurses, composed of seven chairmen of hospitals and committees, seven medical superintendents and medical men, and nine Matrons, with a few Nurses co-opted.

English and Irish Boards of Control are proposed on the same official basis. Subjugation of the Nurses is thus inevitable. They are to be controlled by the Training Schools acting through these nominated Boards, when registered, *for life*.

NEW BYE LAWS.

Bye Law (3) provides that each person whose name is entered on the Register of Nurses must become a member of the College (and obey its rules) whether she wishes to do so or not. She must produce credentials of professional efficiency and good character.

4 (b) provides that the Council can elect as members of the Corporation any persons they choose. These persons need not presumably produce any qualifications of any sort whatever, either professional or personal, or pay anything as members of the Royal College of Nursing. The Nurses pay. Their Registration Fees are the only secured financial assets.

SPECIAL GENERAL MEETINGS.

Bye Law 8 emphasises the autocratic form of government for the nurse members. The Royal President may "order" a Special Meeting when she chooses.

The forty-five members of the Council may "order" a meeting when they choose, but the members of the Corporation are practically prevented from requisitioning such a meeting.

The Clause referring to them is as follows:—"A Special General Meeting of the Corporation shall be summoned by the Chairman of the Council upon a requisition in writing signed by at least 100 members of the Corporation, and by not less than one-fourth of the Members of the Council then entitled to be present and vote at the meeting." In practice "one-fourth of the Council" would never be prepared to requisition a Special Meeting to enquire into their own conduct of business, so the members are securely prevented from exercising a right which the members of every free institution can claim. In this connection the past history of the R.B.N.A. is instructive.

The first Bye Laws of the Royal Charter provided that fifty members could requisition a special meeting—and strongly disapproving of the management in 1895, sixty-nine nurse members signed and sent in their requisition—when a quibble on the word "may" instead of "shall"

gave the Hon. Officers a loophole for neglecting to conform to the requisition—and that meeting was never summoned by them.

When these same gentlemen drafted the Bye Laws of 1898, they took care to insert 100 instead of 50, as the number of members who might requisition a meeting; but as those Bye Laws deprived the Nurses of all power in their own Association, and established official medical control which has lasted to this day, no more has been heard of the question. The new Bye Laws go one better, in so far as autocracy is concerned, and, as we have pointed out, they practically deprive the Nurse members of the proposed Royal British College of Nursing of any power of protest in meeting assembled.

AN UNPROFESSIONAL COUNCIL.

The new Council is to be an unprofessional body. It is to be composed of hospital and infirmary Managers, hospital and infirmary officers, doctors (male and female), persons and Bodies interested in Nursing, Matrons and Trained Nurses. Such a Council can never be representative of the opinion of professional women. We may take it, therefore, that for the future Nursing will be relegated to a Domestic avocation, and there appears no valid reason why hospital ward-maids, cooks and laundry maids and other women workers should not be included in the scope of the activities of the Royal College of Nursing as provided under Clause (a) of the Purposes and Powers of its Supplemental Charter.

THE SECRETARY AND THE REGISTRAR—DUAL CONTROL.

Clauses 21 and 22 provide for dual control in the office of the College. Both the Secretary and the Registrar are to "be responsible directly to the Council." Nothing could be more fatal to discipline and efficiency. During the months in which the Secretaries of the to be amalgamated Bodies have been working together, the question of precedence and equality has arisen, and neither lady has felt inclined to give way. Now the joint officials have decided for equality of power. It won't work.

We well remember the storm in a teacup over this very question in the early days of the R.B.N.A. We had a Secretary, and a senior clerk working under her as Registrar. Well and good. Then one fine day, a step-daughter of a member of the Committee was appointed Registrar (all the Matrons voted against the proposal). This lady claimed the right to open letters addressed to the "Registrar." The Secretary rightly claimed that unless she opened letters confusion resulted, and that there must be one head. The Hon. Nurse Secretary threatened to resign, the Royal President was appealed to. The step-papa took the whole hubbub as a "personal insult." It may be imagined how the feathers flew! In the end the "Registrar" resigned. The Secretary recovered control of the office, a new clerk kept the "Register" and peace was restored for a time. But only for a time, because male

interference with women's work continued, and many other foolish suggestions distracted the Association and ruined its prestige and power. We feel convinced the male Hon. Officers of the Corporations to be amalgamated have drafted Clauses 21 and 22 providing for dual control.

IRISH NURSES' ASSOCIATION.

The Irish Nurses' Association will hold its Annual Meeting on St. Patrick's Day, March 17th, when no doubt an interesting report will be presented of a year's very strenuous work. "The apple of discord," thrown quite gratuitously into the midst of the Irish Nursing world by the College of Nursing, Limited, "which has been established whether the nurses want it or not," could have avoided arousing much unnecessary friction if it had treated the organized registrationists grouped in the Irish Nurses' Association with ordinary courtesy, instead of attempting to thrust upon them a form of Constitution to which the Irish nurses will never conform.

As an Hon. Member of the Irish Matrons' Association, if we may venture to express an opinion on Irish nurses' affairs, our ambition would be to see in Dublin a College of Nurses of Ireland in touch with the Royal Colleges of Physicians and Surgeons of Ireland, as headquarters of nursing education in the Emerald Isle. This academic institution should be the Educational and not the Disciplinary Authority for nurses in Ireland, and should bear the same relation to a General Nursing Council, set up by Act of Parliament, as the Medical Colleges do to the General Medical Council.

The education and registration of nurses in England and Scotland might be organized in the same way. National prestige would then be maintained, and the extreme danger of an economic monopoly in nursing avoided—a monopoly which is inevitable under the proposed Constitution of the Royal British College of Nursing.

THE COLLEGE PARTY IN DUBLIN.

Miss Reed and some of the English trained matrons in Dublin, who are in favour of the British College Scheme, are inviting their colleagues to form an Irish Board. We fear nothing but dissension will result if they persist in an anti-National policy, as the Irish Nurses are determined not to be governed from London by a nominated Council, which has taken power to make rules and regulations and define registration standards, on which they can be outvoted by six to one.

COLLEGE OF NURSING, LIMITED.

Miss Mary A. Brunton has been appointed Secretary of the Scottish Board. The office is established at West End, George Street Chambers, Edinburgh. Miss Brunton holds certificates as a trained nurse, sanitary inspector and midwife.

NATIONAL UNION OF TRAINED NURSES.

MEETING OF MANCHESTER BRANCH.

A meeting of the Manchester Branch of the N.U.T.N. was held at the Royal Infirmary, Manchester, on Saturday, February 10th, at 3 p.m.

The Chair was taken by Miss Violet Needham, who is not a Nurse, nor a member of the Union, and as a Resolution had been placed on the Agenda by the President, Miss Sparshott, Lady Superintendent of the M.R.I., which was a vote of censure on the Executive Committee of the N.U.T.N., we are of opinion that the presence of Miss Needham in the Chair, and many other ladies who were not members of the Union, was irregular, and rendered the subsequent proceedings out of order.

Miss Cancellor, the Chairman of the Executive Committee of the N.U.T.N., and Miss Cox-Davies, member of the Council of the College of Nursing, Limited, attended as speakers.

Miss Cancellor gave a brief, unbiassed and admirable outline of the present situation *re* the State Registration of Nurses, and explained how the promoters of the College of Nursing had ignored all the organised Societies of trained nurses, including the Central Committee for State Registration, which was composed of delegates from the eight societies of nurses, also of the British Medical Association, which had agreed upon and promoted the Bill for the State Registration of Nurses since 1910.

Miss Cancellor explained that, ignored by the College, the N.U.T.N. joined the Central Committee in support of State Registration, and was confirmed in this action by the Council Meeting, held in April. Miss Cancellor then reported that, later, delegates from the Central Committee and the College met in conference, in an attempt to agree upon a Conjoint Bill, having come to agreement on certain clauses of the Bill, including the constitution of the General Nursing Council, which was to be composed of one-third representatives of the State and the Medical Profession, one-third of the Central Committee, and one-third of the College of Nursing. One draft of the Bill included the name of the Central Committee as promised, in the following draft it was eliminated and a proposal inserted that the Governing Body should be composed of 45 nominated persons, not direct representatives of the constituent societies of Nurses grouped in the Central Committee or of other authorities empowered to nominate representative persons, on the Provisional Council. As the College of Nursing refused to concede this principle of direct representation of the Nursing profession on the first Council, which was to make the rules and regulations, the Central Committee had broken off negotiations, and amended its own Registration Bill.

The delegates from the N.U.T.N. had voted for the principle of direct representation, and had been upheld in this action by the Council Meeting of the N.U.T.N. in November, 1916.

Miss Cancellor then gave a brief account of how the N.U.T.N. had grown and consolidated since it had declared its policy in support of State Registration with direct representation of the Nurses by their societies on the first Council of the Bill.

Miss Cox-Davies said Miss Cancellor had given an accurate account of how the College of Nursing came into being, she then commended the College and said Mr. Stanley said the quickest way to get a Bill was to form a Register, and also to get the College going by incorporation by the Board of Trade, that he was a man who always took the shortest way he could to get what he wanted. She also spoke of his great courtesy.

Several questions were asked which were not of a very pertinent character. On direct representation of the existing nurses, Miss Cox-Davies said Mr. Stanley asked for names instead of representatives, because it was easier to get Parliament to accept names.*

Miss Cancellor cited the constitution of the Registration Council set up by the Teachers' Act, the whole Council being representatives of professional organisations, and not merely nominated persons. She also spoke of the hurrying through the Board of Trade of the incorporation of the College which gave no time for consideration of its constitution by the Nursing profession.

Miss Sparshott then proposed the following resolution:—

"The Manchester Branch regrets that the National Union of Trained Nurses severed its negotiations with the College without deferring to the Branches."

Miss Sparshott made a slashing attack on the *self-governing* Nurses' Societies grouped in the Central Committee, and on the National Council of Nurses of Great Britain and Ireland, and said the Union had joined itself on to a group of Societies which had declared war on the College. [An untrue statement.—Ed.] Miss Sparshott asked who better than the Matrons to suggest, direct and control the College? [The Nursing Profession as a whole.—Ed.]

Miss Sparshott said she wished to point out that the Executive Committee, by joining the "Central Committee" and the "National Council of Trained Nurses" had committed an overt act of opposition to the College, and she wished the meeting to express their disapproval.

Miss Pilgrim seconded, and when put to the meeting, 81 voted in favour of the Resolution, which was declared carried.

Miss Cancellor stated that the Executive Committee had had their action confirmed at two Council Meetings, at which the Manchester Branch had representatives.

The meeting then terminated.

We have not space in which to point the lessons emphasised by the conduct of business at the meeting, but shall do so in the near future.

*We know of no such precedent.—Ed.

THE HUMAN HAND.

*The man most man, with tenderest human hands,
works best for man, as God in Nazareth.*

E. B. BROWNING.

The most ordinary gifts of life are the most precious, but just because of their universality we take them as a matter of course. How often, for instance, do we consider how unique and precious a gift is the human hand? Just now, alas! many of our brave soldiers learn, by the bitter experience of loss, how precious; but ordinarily we take its possession, and all that this implies, as a matter of course.

To both the soldier and the nurse the hand is of supreme importance. To the one it is the means of self-defence and of taking life, to the other of saving it. In either case its dexterity and skill for its purpose in life is developed by careful education, and guided by the brain with which it is in such close sympathy. The domination of the brain has indeed much to do with the efficiency of the hand, and therein we find the reason which makes the human hand unique.

The hand of the monkey, for instance, is dexterous enough in mischief, but we do not expect, and we do not receive, from it the gifts which are brought to us by human hands.

Considering their importance to the nurse in her work, it behoves her to take every care of her hands. Just as she polishes the instruments of the surgeon to the point of perfection, so she should care for the instruments upon which the perfection of her own work depends, taking pains to keep them soft, supple, and shapely, in addition to the special preparation to which every nurse is taught to subject them as a part of surgical technique. After all, their surgical efficiency, though a very important, is but a part of the duty which falls to the share of the trained nurse.

The reception of a new patient, his personal care, the exquisite cleanliness and order with which he should be surrounded, are details of nursing in which the hands play a supremely important part. To the average patient, when it is played well, the result is a feeling of rest, of comfort, of subconscious well-being which he does not trouble to analyse, but which nevertheless plays an important part in his recovery, begetting the trust which he must feel in his nurse if the best results are to be achieved.

To the sensitive patient the touch of hands which are at once capable and sympathetic brings relief and pleasure, while offices performed by those which are cruel, callous, or even careless are the refinement of torture.

If we consider for a moment what it would be to ourselves to be subjected to the ministrations of unwilling and clumsy hands when helpless, and perhaps speechless, though with mind and nerves preternaturally acute, we shall spare no pains in the education of our hands.

To what high uses, indeed, may human hands not be put? Sympathy, consolation, affection, strength, persuasion may all be conveyed by their touch, often more effectively than by the clumsier language of the spoken word. We give our hands in token of friendship, as the sign of honourable dealing; with the hand man and woman plight their troth in the marriage ceremony; and with it we close the eyes of our dear dead.

At the crowning of kings faithful lieges kiss the hand of the monarch as the pledge of their fidelity; and, into the hand, the faithful, in the highest act of Christian worship, receive that Divine food which is at once their consolation, their strength, and their protection. "It is not easy to ruin him with whom the pressure of Christ's hand yet lingers in the palm."

We have considered so far the hand of the nurse. What has been said of that applies with more than equal force to the hand of the midwife. It is indeed her stock-in-trade, an implement in daily use, her stand-by in critical circumstances.

It is her sensitive finger which must determine whether, in the language of her patient, the child is "pitched right for the world," if any and what abnormalities exist, necessitating the summoning of medical assistance. It is her hand which helps the patient during labour, which safeguards the perineum at the critical moment, which, if need be, dexterously slips the tightened cord, which is delaying birth, over the head of the infant, or gently dislodges the impacted shoulder. It keeps guard over the uterus, assisting the expression of the after-birth, and controls the situation until contraction is well established. And, in the emergencies of midwifery, it is upon her hand that the midwife depends to apply the packing which shall control the dangerous hæmorrhage, in that most alarming emergency, placenta prævia, until medical assistance can be obtained; to rub up the flaccid uterus in case of post partum hæmorrhage; or if necessary to compress the abdominal aorta.

These are a few of the uses to which the human hand may be put, but enough has been said to demonstrate its high importance, and the honour in which it should be held by all who desire to serve their kind.

NURSING ECHOES.

From the Annual Report of the Trained Nurses' Annuity Fund for Disabled Nurses, signed by Princess Christian, the President, we are glad to note that the thanks of the Council are particularly offered to Miss Garriock and all the Naval and Military Nurses who have raised enough capital to found the "Queen Alexandra" (War Memorial) Annuity of £26 a year. The sum actually raised by the Staffs of Naval and Military Hospitals is £465 19s. 3d., a very substantial sum in these hard times. No doubt these ladies will take a special interest in their own annuitant. She should have many good friends.

The legacy of £1,000 from the Estate of the late Cornelius Surgey, Esq., has been received, and two Memorial Annuities have been granted, and the Sale of Work brought in £60. The Report continues:—"Whilst it is cheering to be able to report such progress, the Council feel compelled to call attention to the serious increase in the number of appeals. Eight new names have been added to the list of approved applicants during the year, in spite of systematic discouragement by the statement that there is no early prospect of obtaining relief. There are now sixty-four approved applicants on the books of the Fund, and every effort must be made to meet their claims for help. The subject will be dealt with at the Annual General Meeting to be held in February."

Groups of Poor Law Nurses are now being organized in many parts of the country as sections of the National Poor Law Officers' Association. The Yorkshire, Northumberland, Durham, and Surrey branches have recently taken steps to associate the nurses. Birmingham, on the other hand, does not apparently approve of the scheme.

We reported the formation of the Leeds Township Infirmary Nurses' League in March last year, with the Matron, Miss Parker Spann as President, the League Motto chosen being "Qui non proficit deficit" (one who advances not loses ground) very appropriate in these progressive times. Now the League has issued its first Journal for 1916-1917, which serves as a report. We alluded last week to the excellent get-up of the Journal, and would now add a word of praise on its contents. A useful feature The League Directory comes early in the make-up, and is followed by a Roll of Honour of members on military duty, of whom there are no less than 42. The Examiners' Report

of the Nurses' Final Examination is given; also a report of the Presentation of League Badges, a cut of which adorns the cover.

Dr. Faith, the Editor, writes a League Memoir of "Willie Crymble," the late Captain William Crymble, the late A.M.O., of whom he says:—"The story of his courageous devotion to his wounded charges in the bombardment church at the battle of Le Cateau has already been recorded in the Press. That day showed the heroic stuff of which he was made; and the memory of it, sub-consciously revived, must have supported him during the succeeding ten months of cruel captivity in Germany." The Beckett Street Infirmary is soon to have a permanent memorial of this faithful servant of the State who, if he did not die on the field of battle, "none the less truly died a soldier's death for Britain and for those ideals and beliefs which are the surest promise of ultimate victory." There are excellent papers and poems by Sister Falkiner and others, backed up by a goodly supply of "ads." All those who have compiled the "L.T.I." are to be heartily congratulated on the result, and we hope the nurse members of the League will realise that it is *their* Journal, and help to make it a real live publication by sending expressions of opinion and literary contributions to it.

We are glad to note that the late Sir George Franklin has left amongst other bequests, in the event of his wife leaving no issue, £5,000 to the Board of Management of the Sheffield Queen Victoria Nursing Association. Money cannot be put to better use than by promoting the health and comfort of the sick poor through highly skilled nursing. The augmentation of the salaries of Queen's Nurses might also be considered by their committees when a handsome windfall comes their way.

The annual report of the work done by Nurse Brumpton, of the Woodhall Spa Nursing Association, is an astounding document. Listen to this for the work of one woman, presumably receiving a very modest salary, to judge from the balance-sheet. During the year Nurse Brumpton has had charge of 121 cases, including 27 maternity cases, has had 20 nights on duty, has paid 2,928 nursing visits, 104 casual visits, 64 school and home visits, 63 infant health visits, 60 school and tuberculosis visits; every year the work increases.

Surely it is high time a second nurse was provided. Such a record constitutes a very serious danger of breakdown of any conscientious nurse, which no committee has the right to risk.

SHOULD INFANT FOODS BE PROHIBITED?

STARTLING SUGGESTION IN *THE LANCET*.

How to Prepare Cows' Milk for Infants.

"I would suggest that the sale of patent infant-foods to the public be made illegal," writes a well-known physician in *The Lancet*.

Drastic as this proposal may seem, there is a good deal to be said for it. Doctors have long been recommending pure fresh cow's milk as being far better for the bottle-feeding of infants than any of the patent foods.

But diluted cow's milk alone is by no means a perfect substitute for mother's milk. A leading specialist writes in *The Medical Magazine*: "Diluted cow's milk contains less than one per cent. of milk-albumin. It is most essential to supply this deficiency because Nature dictates that the infant must receive a large proportion of milk-albumin."

How is this deficiency to be made good? The same physician supplies the answer. He says: "The addition of Albulactin to the milk mixture will secure this result."

THE BEST FOOD FOR INFANTS.

Albulactin must not be confused with any of the old-fashioned artificial foods or the numerous brands of condensed or dried milk. *The Lancet* itself has analysed Albulactin in its own laboratories, and found it to be simply pure milk-albumin—that is, the vital part of mother's milk itself—just that part which is very abundant in mother's milk and very scarce in all other milk. It is absolutely the same substance as that which

makes mother's milk so nourishing and digestible for babies

"Albulactin is preferable to all other plans for meeting the frailty of infantile digestion," writes a well-known physician in *The Lancet*, and he adds: "It is indispensable."

It is not too much to say, therefore, that if all the so-called "infant foods" were abolished, and this one indispensable food, Albulactin, was invariably used with diluted cow's milk, the problem of artificial infant-feeding would be practically solved.

H.R.H. PRINCESS CHRISTIAN AND ALBULACTIN

Such splendid results from the use of Albulactin have been recorded by physicians and others, that H.R.H. Princess Christian, as President, the National Society of Day Nurseries, has arranged for large quantities of Albulactin to be distributed throughout the Society's numerous crèches for the artificial feeding of infants. According to an official report issued by the Society: "Albulactin, added to diluted cow's milk, makes it to all intents and purposes *identical with mother's milk*."

WRITE TO-DAY FOR A FREE SUPPLY.

Albulactin is economical and easy to prepare, being simply mixed with diluted cow's milk. Readers of this article are strongly recommended to use it in all cases where the infant has to be artificially fed, since it is undoubtedly the nearest thing to mother's milk and far better for babies than anything else. It is sold by all chemists, from 1s. 3d. per bottle, and is now entirely British owned. Liberal testing samples can be obtained on application to the British Purchasers of the Sanatogen Co. (Chairman: Lady Mackworth), 12, Chenies Street, London, W.C.

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LADY MACKWORTH.

CHAIRMAN OF THE SANATOGEN COMPANY.

We are always glad when women with ability and brains have scope for the development of their talents, and thus we are pleased that the British Proprietors of Sanatogen, &c., 12, Chenies Street, London, W.C., have appointed Lady Mackworth, daughter of their chairman, Lord Rhondda, as his successor on his resignation, owing to his elevation to Cabinet rank as President of the Local Government Board. When Lord Rhondda recently visited America in connection with the supply of munitions Lady Mackworth acted as his substitute as the controller of collieries representing £18,000,000 of money, and our portrait, which we owe to the kindness of the Editor of *The Gentlewoman*, proves her a personality capable of assuming great responsibilities and of carrying great projects to a successful conclusion, so it is not surprising that Lady Mackworth has taken Lord Rhondda's place in every directorship which he has resigned.

She is a staunch supporter of "Votes for Women." It will be remembered she was a passenger on the ill-fated *Lusitania* when she sank, and was in the water for three hours before being rescued.



LADY MACKWORTH.
CHAIRMAN OF THE SANATOGEN COMPANY.

THE REVISION OF THE PRESENT FRANCHISE.

Parliament has met, and it is understood that it will be called upon at an early date to deal with the Report of the Speaker's Conference on Electoral Reform.

The question of the revision of the present franchise law has been raised on this occasion by the Government, and not by women suffragists. Since the beginning of the war, the great majority of the members of the Suffrage Societies have been immersed in national work, and have had no desire to break the political truce. But it is apparently this very public spirit that has given rise to the suggestion made in some quarters that women have lost interest in the great reform for

which an ever-increasing band has striven with such unflagging devotion for the last 50 years.

In these circumstances the Executive Committee of the National Union of Women's Suffrage Societies feel it necessary to call on all supporters of the movement to unite in demonstrating to Parliament and the country that their convictions, so far from having been shaken, have been immeasurably strengthened by the experience of the past two and a half years.

A public meeting is to be held at the Queen's Hall, on February 20th, at 8 p.m. Mrs. Fawcett will take the chair, and arrangements are being made to secure the presence of representative women workers who have at heart the granting of this measure of justice to their sex.

Those desiring to be present should apply to the organising secretary, Women Workers' Demonstration, N. U. W. S. S., 11, Great Smith Street, Westminster.

THE SIN OF INJUSTICE.

We are sincerely glad to note that the Parliamentary Committee of the Association of Poor Law Unions of England and Wales have adopted a report on the resolution:—

"That legislation should be promoted whereby any child born of single parents, if the parents of such child afterwards marry, be made legitimate, and that such child

shall, by law, have the same privileges as those of the legitimate child in all-respects."

The Rev. P. S. G. Probert disagreed with the report, but said he would not move any amendment. Personally, he objected to anything which would lower the sanctity of marriage, although it might be contended this would not be the case.

Surely adding the sin of injustice towards innocent children cannot "lower the sanctity of marriage." In our opinion every just action makes for righteousness.

We have known of real martyrdom suffered for a life time by innocent people deprived of their birthright of name and inheritance. A Church which confers "sanctity" on the sinners through the marriage ceremony must not punish the innocent for the guilty, such Christianity is poor stuff.

APPOINTMENTS.

MATRON.

St. Mary's Hospital, Paddingdon, W.—Miss K. F. Muriel Jackson has been appointed Matron. She was trained at St. George's Hospital, London, and was Ward Sister and Housekeeper there. Miss Jackson has also held the position of Assistant Matron to the Liverpool Royal Infirmary, and is at present Matron of the Warneford Hospital, Leamington.

ACTING MATRON.

Merthyr General Hospital.—Miss A. L. Watson has been appointed Acting Matron. She was at Guy's Hospital, and has been Acting Matron at Chelsea Hospital, Night Sister at the Royal Hospital, Guildford, and Sister at the Weston General Hospital. She is also a certificated Masseuse.

HEALTH VISITOR.

Borough of Folkestone, Urban District.—Mrs. Ellen Sievwright has been appointed Health Visitor. She has held a similar position at Cardiff; and has been Health Visitor and School Nurse at Ilkeston, and School Nurse under the Folkestone Education Committee.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Noel R. Montgomerie and Miss Winifred M. Smith have been appointed Nursing Sisters, subject to their release from employment under the War Office.

ST. MARK'S HOSPITAL, CITY ROAD, E.C.

The Lord Mayor, who presided at the 81st Annual Meeting of this Hospital on Thursday, February 8th, in moving the adoption of the Report, said that the accounts showed an adverse balance of £600, due in a great measure to the large number of war appeals, and to considerable increase in the cost of everything connected with hospital administration. The need for this hospital was shown by the fact that it had treated 688 in-patients and nearly 1,800 new out-patients during the year.

Owing to the very serious nature of the operations performed at this hospital, a convalescent home is greatly needed to relieve the beds more quickly than can be managed under existing circumstances.

COMING EVENT.

February 17th.—Society for the State Registration of Nurses. Meeting Executive Committee. 431, Oxford Street, W. 4 p.m.

Annual subscriptions to the above Society are now due, and the Hon. Treasurer will be glad to receive them, addressed to her at 431, Oxford Street, London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

AN OFFICIAL OPINION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In the BRITISH JOURNAL OF NURSING, January 27th, a paragraph appeared containing a criticism of the Matron-in-Chief of the Queen Alexandra's Imperial Military Nursing Service, which caused widespread regret, and, in the minds of many, deep indignation.

The best reply at the moment seemed to be the quiet dignity of silence.

As, however, in this week's issue, the matter is again referred to, I should be glad if this letter also might find a place in the next JOURNAL.

The penalty of a high position is often not only to have to bear a great burden of responsibility, but also to be severely criticised for actions, sometimes beyond individual control, and which quite frequently from being represented from one point of view only are greatly misunderstood. This presses hardly even on those of us who are able to reply by presenting the real facts of the case, but it is surely much harder (nay, even grossly unjust) on those, who, by reason of their position, are unable to do so.

Furthermore, ought we not to bear in mind that even in the small world of one hospital, there are always to be found dissatisfied members with grievances which do not always prove to be just ones. The Army Nursing Service, with its Reserve, now thousands in number (instead of hundreds as in a time of peace), drawn from all classes of general hospitals, with varieties of training, can hardly hope that all its members will be filled with that true sense of loyalty and *esprit de corps*, which prevents them from taking their grievances outside the sphere of the proper authorities for dealing with them.

It has been my privilege to be connected with the present Matron-in-Chief of the Regular Service since the days of the South African war, when I served as a Sister under her direction. Since August, 1914, I have worked in her office, week by week, as a member of the Selection Board. I am at the present time once again under her authority as my senior officer, in that I am Matron of the Officers' Hospital (attached to the Royal Free Hospital), which is staffed by the Queen Alexandra's Imperial Military Nursing Service Reserve. During these fifteen years, I have gained some personal knowledge of the attitude of the members of the Service and the Reserve towards their chief Nursing Officer. I believe I am voicing the views of the large majority when I say that they have in her a just administrator, who is recognised as demanding and obtaining a high standard of efficiency in work and discipline, and yet one also to whom many, very many, hearts go out with

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deep gratitude for kindly deeds and for help in difficulties, which do not find their way into the columns of our nursing papers, but are given quietly, unostentatiously—as from one friend to another.

The magnificent work of the Matrons-in-Chief of the two Military Services will be more fully recognised and appreciated at its right value, when the war is ended, and full details of what has been achieved can be made public. Even now, we can form some estimate of the work accomplished.

The Regular Service and its Reserve has expanded from hundreds to many thousands of fully-trained women who are caring for our soldiers on battlefields practically all over the world. The Territorial Force Nursing Service has been called into being, and is now an actual living Service, nursing at least four times the number of beds originally intended.

Those of us who have stood by and watched the work of these two ladies have marvelled how it was possible that physical health and nervous system stood the strain of what was demanded from them.

If (and this is an "if" I desire to emphasise) it serves any good purpose that such criticisms should appear in our Nursing papers, and more particularly so in a time of great national trouble as at present, when responsibilities and anxieties are overwhelming, then surely in common justice, both sides of the picture should be presented.

I am, Yours truly,

R. A. COX-DAVIES.

[We may point out that our correspondent is a member of the small Nursing Board of ten persons who are in control of Queen Alexandra's Imperial Military Nursing Service and its Reserve, and that she is in part responsible for its conduct of business, which we presume includes the consideration of all cases of complaint concerning the conduct of members of the Service, and the maintenance of discipline in its ranks.

During the past two years, from evidence placed before us by many aggrieved members, we have regretfully come to the conclusion that somewhat high-handed methods of treatment of individual nurses prevail in the Nursing Department at the War Office. But when a valued member of a Society of which we are Hon. Superintendent, who has six years' military nursing service to her credit, in the South African and present wars, was ordered on foreign service one day, and a few days later curtly told by the Matron-in-Chief, "we do not propose to employ you further," we considered it high time that this autocratic treatment of one servant of the State by another, should be enquired into. Curt, and in our opinion, impertinent letters were the only result to our enquiries, and an appeal to the Army Council simply resulted in an *ex parte* statement, offering neither explanations nor redress.

The injured Sister has given six years' devoted active service to our sick and wounded, holds irreproachable references as a member of her

Society for twenty years, and has devotedly nursed a member of our own family. We decline as the Hon. Superintendent of the Society to which she belongs to permit her to be ejected with ignominy, from the Reserve, without one word of explanation, either to herself or her Committee, and a grave reflection thus cast upon her character, which she has no means of disproving, without a protest, which we have made. This may be the method employed by a bureaucracy in the War Office, but no woman under our protection shall be treated in this manner.

Our advice to our correspondent as a member of the Nursing Board, is to help to institute a method of control, which will prevent such arbitrary treatment in the future.

It would be interesting in this connection to know why all the Canadian Nursing Sisters were withdrawn in 1915 from our Imperial Military Hospitals.—ED.]

A PENNY IN THE POUND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I think your idea of paying a penny in the £1 a very good one—towards registration. My fees last year amounted to £72 1s. 10d., so I enclose 72 pennies. I hope this year it will be 100d.

As far as possible, I always deal with the firms who advertise in the JOURNAL. The hot-water bottles sold by the Hospital and Contracts, Ltd., are very good.

It seems possible that some women will get the vote soon. Then we shall get registration.

Hendham Road,

Wandsworth Common, S.W.

Yours truly,

M. H.

OUR PRIZE COMPETITIONS.

February 24th.—Describe how to give a nasal douche, the articles used, and danger to avoid.

March 3rd.—What is an intussusception? How would you prepare the patient for operation, and what instruments and dressings would be necessary?

March 10th.—Describe the causes, symptoms and terminations of inflammations?

March 17th.—What precautions would you take in saving for microscopic examination a specimen of urine, a specimen of sputum, a specimen of faeces?

March 24th.—Describe how you would care for and feed a premature infant.

March 31st.—What is a civic nurse? Give an idea of her true relationship to her municipality and public health service.

NOTICE TO GLASGOW NURSES.

As several complaints have reached us from Glasgow nurses that copies of this JOURNAL are not easily obtainable in that city, we advise them to place their orders for a weekly copy of the JOURNAL with William Love, newsagent, 219 and 221, Argyle Street, Glasgow, price one penny weekly. If ordered from our London Office, 431, Oxford Street, London, W., annual subscription 6s. 6d. annually or 1s. 9d. a quarter.

The Midwife.

THE MIDWIFE QUESTION IN CANADA.

There has been a good deal written and a good deal talked about the above question lately, but unfortunately it has been from such different view points that little headway has been made for or against a midwife scheme for Canada.

An opportunity should be given the people, who know the conditions, to express their opinions before steps are taken to have a legalised midwife scheme for the Dominion. To be sure, there are licensed midwives in Canada now, but very little is known about them, even in the parts where they are supposed to be practising.

Now, does Canada need midwives? When have other countries decided they needed them? When districts became so congested, especially the poorer districts, that doctors were not available, and when the women from foreign lands desired midwives, because they were accustomed to employing them in their own lands. *The midwives have never been found in any country to my knowledge in the sparsely-settled parts. They herd in large cities, in congested districts, and start them where you will, they gravitate to the populated centres.*

In Canada, the need for doctors and nurses has not been felt in any of the cities, larger towns, or thickly-populated districts. (The present time, when so many of our nurses and doctors are overseas, is no test, of course.) In the sparsely-settled districts there is a need. Can that need be filled with any degree of safety by midwives, as we understand them? Nurses are labouring in those places—they care for the maternity cases; they look after accident cases, pneumonia cases, sick children, and so on; they inspect the school children, they do educative work with the mothers and others; they make pre-natal visits which are filled with help and comfort for the expectant mother, and they keep a supervision of the babies until they are almost a year old. I should like to have a movie of an Old Country midwife wrestling with a poor man, caught in his engine, three fractures, and the doctor twenty miles away! Or with a pneumonia case, the doctor sixty miles away, or with a baby with croup! Some time when the war is over, and you need to be fed up with horrors, go out and talk to the people who have seen midwives at work, and you will get all you could desire. No; may the day be very, very far distant when our fair land will decide she needs midwives!

But when it is found that something more is needed, let Canada evolve some scheme without midwives or without the defects of all the midwives' schemes in existence at present.

The United States and Great Britain have had midwives. Prior to 1902, conditions were so terrible in Great Britain that rigid rules were made

for the training, licensing and supervising of midwives. And in the United States, where midwives from other lands were practising without supervision, until a few years ago, conditions became so bad that strict regulations had to be passed.

Canada must profit from all of this, and should solve her problem much more quickly and much more efficiently than those countries who had very little to guide them in the way of the mistakes of others. We in Canada know our country, we know our vast distances, we know the difficulties, we know our people, and it is *our* problem to solve, it is *our* duty, and *our* privilege to solve it in *our* own way.

In the sparsely-settled districts no one but the fully-trained woman, the woman with experience, with practical knowledge of everything pertaining to the domestic side of our life in Canada, the woman imbued with the importance of her task and with a sincere faith in the future of the country districts, will solve the problem of supplying nursing care in the isolated districts of Canada. Should midwives be brought over from the older countries in shiploads, should we turn out hundreds of them in our own land, on the old pattern, the nursing problem in the sparsely-settled districts would still be unsolved and you would find all those midwives settled in the more densely populated parts, where they would get regular work.

The above expresses the private opinion of the writer as a Canadian citizen, and as one who knows all the highways and byways of the great Dominion.

MARY ARD. MACKENZIE.

CENTRAL MIDWIVES BOARD.

The following are the questions set at the recent examination of the Central Midwives Board held in London and the provinces.

1. What is meant by the term toxæmia of pregnancy? What signs and symptoms would lead you to suspect it? What are its chief dangers?

2. How would you prepare a woman in labour before making a vaginal examination? What can you find out by making such an examination?

3. What may be the causes of hæmorrhage during the first, second, and third stages of labour respectively? What would you do in such a case?

4. Describe the mechanism of the breech when the sacrum is behind and to the right.

5. What may be the causes of rise of temperature after the first week of the puerperium, and how would you distinguish them?

6. How would you distinguish between the varieties of jaundice occurring in the first ten days of an infant's life?

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THE WHITEHEAD TWINS.

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In July last my triplets were born; one did not survive his birth and another was a mere skeleton, so that we never thought he would live. I had been ill for months before they were born, and was so weak afterwards that when they were two months old I felt unable to continue to breast-feed them. I was advised to take Virol; my health improved so much that I was able to breast feed them entirely till they were nine months old. As to the twins, from small ailing babies they have grown into fine strong children.

I am in great anxiety, as my husband was at the front, and has been missing since December, and feel sure I should never have been able to feed the two babies without the help of Virol.

ANNIE WHITEHEAD.

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HYGIENIC COMFORT.

THERE are very few nurses to-day whose professional experience has not shown them that the use of gas for heating in hospitals and private houses makes for quiet, comfort, cleanliness, and the convenience of everyone concerned.

Some, however, remembering the unpleasant "drying" effect on the skin of the old-fashioned gas fire, may still have lingering doubts as to the hygiene of the modern variety—doubts which should be removed once for all by the fact that the *Lancet* itself has testified to the healthful qualities of the present-day scientifically-constructed and properly-fitted gas fire.

Years of research have enabled gas engineers to design fires which give out by far the greater proportion of their warmth in the form of "radiant" heat, as opposed to the high-temperature convected (or "drying") heat upon which the old type of fire chiefly relied for its calorific power. Now radiant heat is the heat of the sun: it is natural and therefore perfectly hygienic. Little wonder then that the modern gas fire is found in hospitals and consulting rooms throughout the country.

The question of radiant and convected heat, and their respective use and merits, is discussed at length in a popularly-written scientific booklet entitled "A Bowl of Water," which the Secretary of the British Commercial Gas Association will be glad to send free and post free to any nurse who applies to him for it.

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